PAGE 13/21 HEALTH CARE FACILITY 12/08/2010 09:32 8655945739 PRINTED: 12/03/2010 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (x2) MULTIPLE CONSTRUC (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: o1 - Main Building of A BLITLOING B, WING , 11/30/2010 445419 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 318 BILBREY STREET OVERTON COUNTY NURSING HOME LIVINGSTON, TN 38570 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X6) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LIST IDENTIFYING INFORMATION) PREFIX (X4) ID PREFIX TAG TAG K 025 NEPA 101 LIFE SAFETY CODE STANDARD K 025 SS=D Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19,3,7,3, 19,3,7,6, 19,1,6,3, 19,1,6,4 Maintenance staff resealed the penetrations in the fire corridor wall with fire This STANDARD is not met as evidenced by: 12/06/2010 Based on observations during the survey, it was sealant caulk. determined the facility failed to protect the fire and Maintenance Director will smoke barriers as required. check monthly for penetrations. Quality The findings include: Assurance Director will 1. On 11/30/10, at 10:30 a.m., observation within monitor quarterly for the ceiling area above the wing one fire door compliance. revealed a penetration in the smoke/fire corridor wall. National Fire Protection Association. Maintenance staff sealed (NFPA) 101, 8.3.6.1 the penetration around the 2. On 11/30/10 at 12:42 p.m., observation within condensate pipe. the wing 3 calling area next to the dietary Maintenance Director will revealed a penetration around the condensate 12/06/2010 pipe in the smoke and fire wall. NFPA 101, monitor monthly for 8.3.6.1 penetrations. Quality Assurance Director will These findings were verified by the Maintenance monitor quarterly for Director and acknowledged by the Administrator during the exit interview on 11/30/10. compliance. K 147 K 147 NFPA 101 LIFE SAFETY CODE STANDARD (XB) DATE LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE

Any descriptcy statement ending with an asterick (") denotes a deficiency which the institution may be excused from correcting providing it is determined that Any descriptcy statement ending with an asterick (") denotes a deficiency which the institution may be excused from correcting providing it is determined that other safety statement provides number of the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are ofted, an approved plan of correction is requisite to continued program participation.

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CENTERS FOR MEDICARE & MEDICAID SERVICES (XX) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 01 - MAIN BUILDING 01 A BUILDING B, WING, 11/30/2010 445419 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 316 BILBREY STREET OVERTON COUNTY NURSING HOME LIVINGSTON, TN 38570 PROVIDER'S PLAN OF CORRECTION (X\$) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID PREFIX PREFIX DATE DAT DEFICIENCY) TAG K 147 Continued From page 1 K 147 SS¤E Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 Maintenance staff relabeled the 12/09/2010 satellite electric panel. Maintenance Director will monitor quarterly for legible circuit directories. Quality This STANDARD is not met as evidenced by: Assurance Director will monitor Based on observations during the survey, it was semi-annually for compliance. determined the facility failed to maintain the electrical system as required, New emergency light was replaced in the dictory area by Maintenance 12/07/2010 staff. Maintenance Director will The findings include: check emergency lighting weekly. 1, On 11/30/10, at 12:00 p.m., observation within Quality Assurance Director will the boller room area revealed the satellite electric monitor quarterly for compliance. panel did not have a legible circuit directory. National Fire Protection Association. (NFPA) 70, Maintenance staff installed a cover plate on junction box in ceiling area 408.4 above room 63 corridor door. 12/07/2010 Maintenance Director will monitor 2. On 11/30/10, at 12:20 p.m., observation within junction boxes to ensure covers are the dietary area revealed the emergency light was in place monthly. Quality broken, NFPA 70, 110-12 Assurance Director will monitor quarterly for compliance. 3. On 11/30/10, at 12:46 p.m., observation within the ceiling area above room 63 corridor door Maintenance staff installed a cover revealed a junction box with loose wires and no plate on junction box in coiling area cover plate. NFPA 70, 410-56(d). above room 90 Corridor door. Maintenance 12/07/2010 4, On 11/30/10, at 12:50 p.m., observation within Director will monitor junction boxes the ceiling area above room 90 corridor door to ensure covers are in place revealed loose electric wires above the ceiling. monthly. Quality Assurance Director will monitor quarterly for NFPA 70, 110-12 compliance. These findings were verified by the Maintenance Director and acknowledged by the Administrator during the exit interview on 11/30/10.